

July 2008

What is ProviderOne?

A fact sheet for state agencies and community partners

ProviderOne will be the Department of Social and Health Services (DSHS) primary provider payment processing system. When fully operational, it will pay about 100,000 providers who serve 1 million people who qualify for DSHS services each year. That's about one out of every five Washingtonians.

Payments processed in the Medicaid Management Information System (MMIS) and the Social Services Payment System (SSPS), as well as many manual payments, will be consolidated in the new system. Moving payment processing to ProviderOne will be gradual, with pharmacy claims being first.

ProviderOne isn't a client eligibility system, case management system, contract monitoring system, or accounting system. It will interface with those systems to exchange only the information needed to process payments, while maintaining client confidentiality.

Why does DSHS need a new provider payment system?

The current systems were built using 1970s technology. There are millions of lines of code, and over the years it has become a patchwork of work-arounds to keep up with policy, technical changes, and more than 70 interfaces with other computer systems.

The national Centers for Medicare and Medicaid Services (CMS) and the Washington State Legislature both recommended consolidating Medicaid payments across DSHS into one system. By doing so, more comprehensive information is available to DSHS, the legislature, and other policy makers about the services clients receive and the payments made to providers.

Will ProviderOne affect me?

We know many state agencies and community-based organizations interact with DSHS and their clients. However, some of the intricacies of those relationships may be best known to you.

We can say that ProviderOne is a large and complex project that will change how DSHS does business with providers and clients. One important change ProviderOne will bring is the replacement of our current paper medical ID card that is mailed each month to a plastic card that is issued one time. Eligibility information will not be printed on the new Services Card.

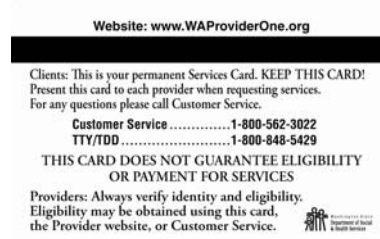
If you currently use the Medical Assistance ID (MAID) card to determine eligibility for your own programs, to offer discounts for your services, or just as a means of identification – you will need to understand the differences of our new ProviderOne Services Card from the MAID (sometimes referred to as the medical coupon).

Features of the new Services Card:

- ❖ It will be issued one time, not on a monthly basis.
- ❖ It will only display the client's name and ProviderOne Client ID number.
- ❖ It will not display eligibility type, coverage dates, or managed care plans.
- ❖ It will not guarantee that a client is eligible for medical services.
- ❖ It will be issued to each eligible member of a household.
- ❖ It will be issued centrally, not in Community Services Offices. Clients will receive their Services Card about 7-10 days after approval for medical assistance.

What does the new Services Card look like?

The Services Card is plastic and will look similar to the card below:



If you work for a program that actually exchanges information with MMIS now, your program is probably already working with DSHS staff on interfaces and compatibility issues.

Within DSHS, an effort is under way to identify what internal processes will need to change, what the work will look like in the future, and what will be needed to help staff transition to the new way of doing things. Our hope is that as we give our partners information about ProviderOne, you can go through similar exercises in your own organization.

What are some features of ProviderOne?

- ❖ Permanent Services Card will replace the paper Medical Assistance ID (MAID) card.
- ❖ More flexible system with a defined process for making needed changes when policy or other decisions are made.
- ❖ More automated claims processing – less paperwork.
- ❖ Improved provider web and self-service functions.
- ❖ Consolidated payments across DSHS, with the goal of improving payment accuracy.
- ❖ More complete view of services clients receive.
- ❖ Improved information-sharing across DSHS and with other agencies for decision making, and to help clients get the services they need.
- ❖ Improved system security to honor and maintain client privacy.

When will ProviderOne be put into operation?

The transition into ProviderOne is targeted to begin this summer with the pharmacy claims. This includes claims from chain store pharmacies, independent pharmacies, tribal pharmacies, and those in bordering states that serve DSHS clients.

Most medical and nursing home claims, along with the new Services Card, will follow this winter. It affects managed care organizations, nursing homes, hospice, hospitals, tribal health centers, physicians, regional support networks, and clearinghouses. It includes claims that are billed using standard medical forms, electronically through batch transactions or encounter data, or paid through prospective capitation payments.

In late 2009, payment processing marked for “Phase 2” will begin moving to ProviderOne. This includes the remaining medical and most of social services.

There are planned checkpoints in the project’s work plan to evaluate the work complete, lessons learned, issues, and risks uncovered during the prior phase of work – and the work that remains to be done. **Implementation dates may change** after this review process. The next checkpoint is this fall after DSHS completes user acceptance testing of ProviderOne.

More information?

- ProviderOne Internet site: <http://maa.dshs.wa.gov/providerone>